



OrthoSouth

excellence integrity compassion

MED. REC #

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NAME: _____

DATE: / /

INJURED HIP: Right Left Both

VHS

Please complete the following based on your hip

	No Pain									Severe Pain	
1. Today:	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
2. Following activity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

3. Please select the one response that best reflects your pain:

- | | |
|--|---|
| <input type="radio"/> 1. None or you ignore it | <input type="radio"/> 4. Moderate pain, tolerable but concessions to pain are made. |
| <input type="radio"/> 2. Slight, occasional, no compromise in activity | <input type="radio"/> 5. Marked pain, serious limitation of activity |
| <input type="radio"/> 3. Mild, no effect on average activities | <input type="radio"/> 6. Totally disabled, crippled, pain in bed, bedridden |

4. After 6 to 9 blocks (about 1 mile), please describe how you would walk:(please select only one response)

1. No limp 2. Slight limp 3. Moderate limp 4. Severe limp

How much trouble do you have with...

	NONE	MILD	MODERATE	SEVERE	EXTREME
5. Stiffness in your hip?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6. Decrease motion of your hip?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Because of your hip, how much difficulty do you have with:

	<u>No Difficulty at all</u>	<u>Slight Difficulty</u>	<u>Moderate Difficulty</u>	<u>Extreme Difficulty</u>	<u>Unable to do</u>	N/A
7. Twisting/pivoting on involved leg	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
8. Deep squatting	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
9. Heavy work (push/pulling, climbing, carrying)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
10. Recreational activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

How would you rate your current level of function? Normal Nearly Normal Abnormal Severely Abnormal